

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

I Pamela Harley, De Jure Sol, Sanguinis, Coronea.
Secured party

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

AMERICAN Home MORTGAGE
MERS, MORTGAGE ELECTRONIC -
Registration Systems INC
Public Abstract Corporation

10 -

COMPLAINT

0371

Jury Trial: Yes No
(check one)

MON, J.

POHORELSKY, M.J.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name I Pamela Harley
Street Address 34-42 9th Street Apartment 1F
County, City Long Island City
State & Zip Code New York, NY 11106
Telephone Number 718-937-9173, or 718-937-0673

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name AMERICAN HOME MORTGAGE
 Street Address 4600 REGENT BLVD.
 County, City IRVING TX
 State & Zip Code 75063 - 2250
 Telephone Number _____

Defendant No. 2

Name American Home Mortgage
 Street Address 538 Broad Hollow Rd.
 County, City Melville New York
 State & Zip Code 11747
 Telephone Number _____

Defendant No. 3

Name MER
 Street Address 4318 MILLER ROAD
 County, City FLINT MI
 State & Zip Code 48501
 Telephone Number _____

Defendant No. 4

Name Public Abstract Corporation
 Street Address 16 West Main Street Suite 7
 County, City ROCHESTER NEW YORK
 State & Zip Code 14614
 Telephone Number 585-760-2020

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions

Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right

is at issue? BANK FRAUD, CRIMES AND FELONY AND BREACH OF FACT, STATUTE OF

THE CONSTITUTION FOR THE UNITED STATES, THE CONSTITUTION FOR NEW YORK, THE UNIFORM COMMERCIAL CODE,

1692 ET SEQ, THE FAIR DEBT COLLECTION PRACTICES ACT (FDCPA) 15 U.S.C. §§ 1601

ET SEQ, THE ALLEGED CONTRACT BETWEEN PLAINTIFF AND DEFENDANT (THE ALLEGED LOAN AGREEMENT AND ALL LAW

HAS BEEN COMMITTED AGAINST PLAINTIFF C. IF THE BASIS FOR JURISDICTION IS DIVERSITY OF CITIZENSHIP, WHAT IS THE STATE OF CITIZENSHIP OF EACH PARTY?

Plaintiff(s) state(s) of citizenship _____

PAMELA HARLEY ONE, OF THE PEOPLE OF QUEENS

Defendant(s) state(s) of citizenship AMERICAN HOME MORTGAGE, IN NEW YORK, AND

TEXAS. NFR IS IN MICHIGAN STATE; PUBLIC ABSTRACT CORP. IS LOCATED IN ROCHESTER NEW YORK.

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Queens County
Supreme Court Jamaica New York

B. What date and approximate time did the events giving rise to your claim(s) occur?
Events began September 27, 2007, occur through out yr 2007, Year 2008 all the way up to Oct 27, 2009, recorded in Supreme Court Nov 4, 2009

C. Facts: I was (Brought) Summoned to Supreme Court to answer on for closer, I made a Special appear once to defend myself at that point, in the beginning of the Case I was not aware that Bank fraud had occurred. So I was Making plan's to place what was due to the Bank I thought at the Back of the Load. I had a Mortgage Specialist take a look at all my loan papers and it was found that Crimes And Felony(ies) and breach of fact; Statute, the Constitution for the United States the Constitution for New York, the Uniform Commercial Code (UCC) 3-601, 3-602, 3-603, 3-604, 3-605, the Fair Debt Collections Practices Act (FDCPA) 15 U.S.C. §§ 1601, 1692 et seq, the alleged Contract Between Myself And the defendant American Home Mortgage of Al (the alleged loan agreement) and all applicable law have been committed against I. the Plaintiff Pamela Harley. In Fight the Bank like Spend My Life Savings and I here to Appeal that Decision.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.
While Fighting for my property I became ill. I was Hospitalized from more than a week but I Had to Sign myself out of the hospital because I Had to Be in Court and Defend myself Against Bank fraud, My Shelter for myself and my child. I lost my job because of this and couldn't get the Help I needed fully from the Hospital Because Every time I turn around there is a Court Date, I now have Lupus, High Blood pressure Blood Clots in my Lung and sometime I can walk Some Times I can't I Stress out, and Have post Dramatic Syndrome, And I'm in a State of Depression Because of these extraordinary Circumstances Even if I got a job, I can't keep it Because of My Health now as well as all of these Court date. I'm on so many medications I get sick from this
Rev. 05/2007

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Injunctive Relief and/or other relief which will effectively Stop (Status Quo) any and all Defendants' Collection Activities against Plaintiff. And all my moneys lost fighting this Fox-closers case, Based on Time spent Doing Research Health Cost, Time Lost while fighting Case, And loss of work, plus the Amount that the Bank wanted to defraud me out of. Which they are asking for in there Settlement fee plus attorney's fee,

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19th day of NOV, 2009

Signature of Plaintiff

34-42 9th Street APT HF

Long Island City
New York, NY 11106

Mailing Address

Telephone Number

718-937-9173 / 718-937-0673

Fax Number (if you have one)

718-937-9173 -

IFFAT RIZVI
Notary Public, State of New York
No. 01RI4880342
Qualified in Queens County
Commission Expires Dec. 15, 2010

NOV 19 2009

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20_____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number: _____